Kenny Parker

1996 HCFA Statistics

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U.S. DEPARTMENT OF
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Preface

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This reference booklet provides significant summary information about health expenditures and Health Care Financing Administration (HCFA) programs. The information presented was the most current available at the time of publication. Significant time lags may occur between the end of a data year and aggregation of data for that year.

The data are organized as follows:

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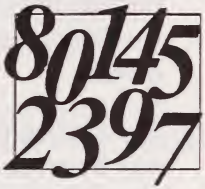
Highlights



Growth in HCFA programs and health expenditures

Populations

- Persons enrolled for Medicare coverage increased from 19.5 million in 1967 to a projected 38.1 million in 1996, a 95 percent increase.
- Medicaid recipients increased from about 10 million in calendar year 1967 to a projected 37.5 million in fiscal year 1996, an increase of 275 percent. Dependent children rose from 9.8 million in 1985 to 18.2 million in 1996, an increase of 86 percent.
- Medicaid recipients as a percent of the total civilian population have risen from 10.2 percent in 1990 to 13.8 percent in 1995, an increase of over 35 percent.
- Medicare enrollees with end-stage renal disease increased from over 66,700 in 1980 to nearly 257,000 in 1995, an increase of 285 percent.
- Medicare State Buy-ins have grown from about 2.9

million recipients in 1975 to over 4.8 million recipients in 1995, an increase of nearly 66 percent.

- The number of dually entitled persons (that is, persons covered by both Medicare and Medicaid) amounted to nearly 6 million persons for 1995.

Providers/Suppliers

- The number of inpatient hospital facilities decreased from 6,707 in 1975 to 6,376 in 1996. Total inpatient hospital beds have dropped from 51.5 beds per 1,000 enrolled in 1975 to 28.4 in 1996, a decrease of 45 percent.

- The total number of Medicare certified beds in short-stay hospitals showed a steady increase from less than 800,000 at the beginning of the program and peaked at 1,025,000 in 1984-86. Since that time, the number has dropped to slightly more than 926,000.

- The number of psychiatric hospitals grew to about 400 by 1976, where it remained until the start of the prospective payment system (PPS) in 1983. Since that time, the number has grown to 682.

- The number of skilled nursing facilities (SNFs) increased rapidly during the 1960s, decreased during the first half of the 1970s, and has been increasing ever since, reaching 13,444 by the beginning of 1996, an increase of 6.4 percent since 1995.

- After peaking in December 1970, the number of home health agencies (HHAs) remained stable during most of the decade. The number of HHAs accelerated with the passage of the Omnibus Budget

Reconciliation Act of 1980, which permitted the certification of proprietary HHAs in States not having licensure laws. By December 1986, there were almost 6,000 participating facilities. Between 1995 and 1996, the number of HHAs has grown from 7,827 to 8,437, an increase of 7.2 percent.

Expenditures

- National health expenditures were $51 billion in 1967, 6.3 percent of the gross national product . By 1995, total HCFA program outlays were $248.9 billion, 16.4 percent of the Federal budget.

- Medicare skilled nursing facility benefit payments have increased from $7.1 billion in 1994 to 9.1 billion in 1995, an increase of 28.2 percent.

- Medicare home health agency benefit payments have grown significantly from $12.0 billion in FY 1994 to $15.1 billion in FY 1995, an increase of 25.8 percent.

- Medicare hospice expenditures have grown significantly from $1.4 billion in FY 1994 to $1.9 billion in FY 1995, an increase of 35.7 percent.

- National health expenditures per person were $247 in 1967 and grew steadily to reach $3,510 by 1994.

Utilization of Medicare and Medicaid services

- Between 1990 and 1995, the number of short-stay hospital discharges increased from 10.5 million to 11.7 million, an increase of nearly 11.5 percent.

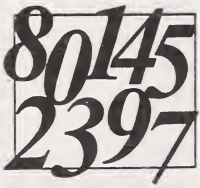
- The short-stay hospital average length of stay

decreased significantly from 9.0 days in 1990 to 7.1 days in 1995, a decrease of over 21 percent. Likewise, the average length of stay for excluded units decreased significantly from 19.5 days in 1990 to 14.8 days in 1995, a decrease of over 24 percent.

- Nearly 62 million persons are projected to receive services paid by Medicare or Medicaid in fiscal year 1996.
- One out of five, or more than 11.7 million persons, will use inpatient hospital services covered by Medicare or Medicaid during 1996. The ratio of Medicare aged users of any type of covered service has grown from 367 per 1,000 enrolled in 1967 to 821 per 1,000 enrolled in 1994.
- Nearly 74 percent of Medicare enrollees and Medicaid recipients, or about 49.5 million persons, are projected to receive reimbursable physician services under Medicare or Medicaid during 1996.
- About 33 million persons are projected to receive reimbursable outpatient hospital services under Medicare or Medicaid during 1996.
- Over 1.2 million persons are projected to receive care in SNFs covered by Medicare during 1996.
- Over 1.7 million persons are projected to receive care in nursing facilities, which include SNFs and all other intermediate care facilities other than mentally retarded, covered by Medicaid during 1996.
- Nearly 26 million persons are projected to receive prescribed drugs under Medicaid during 1996.

Populations

Information about persons covered by Medicare or Medicaid



For Medicare, statistics are based on persons enrolled for coverage. For Medicaid, recipient counts are used as a surrogate of persons eligible for coverage, as well as for persons utilizing services. Statistics are available by major program categories, by demographic and geographic variables, and as proportions of the U.S. population. Utilization data organized by persons served may be found in the Utilization section.

Table 1
Medicare enrollment/trends

	Total persons	Aged persons	Disabled persons
July		In millions	
1966	19.1	19.1	--
1970	20.5	20.5	--
1975	25.0	22.8	2.2
1980	28.5	25.5	3.0
1985	31.1	28.2	2.9
1990	34.2	30.9	3.3
1991	34.9	31.5	3.4
1992	35.6	32.0	3.6
1993	36.3	32.4	3.8
1994	36.9	32.8	4.1
1995	37.3	33.0	4.3
1996[1]	38.1	33.4	4.7
1997[1]	38.6	33.6	5.0
1998[1]	39.1	33.8	5.3

[1]Data for 1966-1995 are as of July. Data for 1996-1998 represent ever enrolled estimates.

NOTE: Numbers may not add to totals because of rounding.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care Information Services and the Office of the Actuary: Data from the Office of Medicare and Medicaid Cost Estimates.

Table 2
Medicare enrollment/coverage

	HI and/or SMI	HI	SMI	HI and SMI	HI only	SMI only
			In millions			
All persons	37.5	37.1	35.7	35.3	1.8	0.4
Aged persons	33.1	32.7	31.7	31.3	1.4	0.4
Disabled persons	4.4	4.4	3.9	3.9	0.5	([1])

[1]Number less than 500.

NOTE: Data as of July 1, 1995.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care Information Services.

Table 3
Medicare enrollment/demographics

	Total	Male	Female
		In thousands	
All persons	37,829	16,205	21,623
Aged	33,264	13,502	19,762
65-74 years	18,104	8,079	10,025
75-84 years	11,255	4,342	6,913
85 years and over	3,905	1,081	2,824
Disabled	4,565	2,704	1,861
Under 45 years	1,592	978	614
45-54 years	1,266	751	515
55-64 years	1,707	974	733
White	32,368	13,819	18,549
Black	3,382	1,438	1,944
All Other	1,662	786	877
Native American	35	18	17
Asian/Pacific	180	78	101
Hispanic	427	209	217
Other	1,021	480	541
Unknown Race	417	163	254

NOTES: Data as of June 30, 1996. Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care Information Services.

Table 4
Medicare enrollment/end stage renal disease trends

	HI and/or SMI	HI	SMI
Year			
1980	66,741	66,254	64,896
1982	76,117	75,707	73,705
1984	97,780	97,080	94,620
1986	120,060	118,946	116,093
1988	141,300	139,958	135,687
1990	172,078	170,629	163,708
1992	207,356	205,918	196,994
1994	234,771	233,133	224,667
1995	256,961	255,042	245,104

NOTE: Data as of July 1.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care Information

Table 5
Medicare enrollment/end stage renal disease demographics

	Number of enrollees
All persons	256,961
Age	
Under 25 years	7,872
25-44 years	54,123
45-64 years	90,740
65 years and over	104,226
Sex	
Male	137,624
Female	119,337
Race	
White	145,558
Other	97,227
Unknown	14,176

NOTE: Data as of July 1, 1995.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care Information Services.

Table 6
Medicare/managed care

	Number of Plans	Enrollees in thousands
Total prepaid	274	3,814
HCPPs/GPPPs[1]	56	523
TEFRA risk	181	3,089
Cost basis	32	183
Demonstrations	5	19
Percent of total Medicare beneficiaries		10.0

[1]Health care prepayment plans/group practice prepayment plans.

NOTES: Data as of December 1995. Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Office of Prepaid Health Care Operations and Oversight.

Table 7
Medicare enrollment/HCFA region

	Resident[1] population	Medicare[2] enrollees	Enrollees as percent of population
	In thousands		
All regions	[3]262,755	[3]36,341	13.8
Boston	13,313	2,036	15.3
New York	26,081	3,705	14.2
Philadelphia	26,831	3,974	14.8
Atlanta	48,301	7,355	15.2
Chicago	48,066	6,804	14.2
Dallas	30,513	3,760	12.3
Kansas City	12,368	1,931	15.6
Denver	8,418	1,010	12.0
San Francisco	38,524	4,436	11.5
Seattle	10,339	1,330	12.9

[1]Estimated July 1, 1995 resident population.
[2]Medicare enrollment data are as of July 1, 1995.
[3]Excludes persons in Puerto Rico, Guam, Virgin Islands, outlying areas, those with unknown State of residence, and those living in foreign countries.

NOTE: Numbers may not add to totals because of rounding.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care Information Services. U.S. Bureau of the Census, Population Division, Population Estimates Branch.

Table 8
Aged population/projected

	1995	2000	2025	2050	2075	2100
	In millions					
65 years and over	34.2	35.4	60.8	74.1	83.7	89.9
75 years and over	15.1	16.8	25.1	39.3	45.9	50.6
85 years and over	3.8	4.4	6.3	14.7	16.9	20.1

SOURCE: Social Security Administration, Office of Programs: Data from the Office of the Actuary.

Table 9
Life expectancy at age 65/trends

	Male	Female
Year	In years	
1965	12.9	16.3
1980	14.0	18.4
1985	14.4	18.6
1990	15.0	19.0
1991	15.1	19.1
1992[1]	15.2	19.3
1993[1]	15.1	19.0
1994[1]	15.3	19.0
1995[2]	15.4	19.2
1996[2]	15.4	19.2
1997[2]	15.5	19.3
1998[2]	15.5	19.3
1999[2]	15.6	19.3

[1]Preliminary.
[2]Estimated.

SOURCE: Social Security Administration, Office of Programs: Data from the Office of the Actuary.

Table 10
Elderly persons living below poverty level/trends

	Persons in millions	Percent of total elderly
Year		
1966	5.1	28.5
1970	4.8	24.6
1980	3.9	15.7
1985	3.5	12.6
1990	3.7	12.2
1991	3.8	12.4
1992	3.9	12.9
1993	3.8	12.2
1994	3.7	11.7

NOTES: Beginning in 1983, income estimates used for determining poverty level were based on improved measurement of interest income. Income estimates beginning 1987 are based on revised methodology.

SOURCE: U.S. Department of Commerce, Bureau of the Census.

Table 11
Medicaid recipients/trends

	Fiscal year					
	1975	1980	1985	1995[1]	1996[1]	1997[1]
	In millions					
Total[2]	22.0	21.6	21.8	36.2 3	37.5	38.7
Age 65 years and over	3.6	3.4	3.1	4.2 1	4.4	4.6
Blind	0.1	0.1	0.1	0.1	0.1	0.1
Disabled	2.4	2.8	2.9	5.9 8	6.2	6.5
Dependent children under 21 years of age	9.6	9.3	9.8	17.6 2	18.2	18.7
Adults in families with dependent children	4.5	4.9	5.5	7.8 6	8.0	8.3
Other Title XIX	1.8	1.5	1.2	0.6 1.5	0.6	0.6

[1]Estimated.
[2]Eligibility categories may not add to totals as some recipients are classified in more than one category during the year and due to the exclusion of unknowns.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Medicaid Statistics and the Office of the Actuary: Data from the Office of Medicare and Medicaid Cost Estimates.

Table 12
Medicaid recipients/State buy-ins for Medicare

	1975[1]	1980[1]	1994[2]	1995[2]
	In thousands			
All buy-ins	2,846	2,954	4,558	4,819
Aged	2,483	2,449	3,213	3,334
Disabled	363	504	1,345	1,485
	Percent of SMI enrollees			
All buy-ins	12.0	10.9	13.0	13.5
Aged	11.4	10.0	10.2	10.5
Disabled	18.7	18.9	36.2	37.7

[1]Recipients for whom the State paid Medicare supplementary medical insurance (SMI) premiums for the month of July. Number of SMI enrollees includes those with unknown State of residence, but excludes those living in foreign countries.
[2]Beneficiaries in person years for whom the State paid the Medicare SMI premium during the year. Percent calculated using July enrollment.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Office of Health Care Information Systems.

Table 13
Medicaid recipients/demographics

	Fiscal year 1995 Medicaid recipients	Percent distribution
	In millions	
Total recipients	36.3	100.0
Age	36.3	100.0
Under 21	18.7	51.5
21-64 years	11.4	31.5
65 years and over	4.4	12.2
Unknown	1.7	4.8
Sex	36.3	100.0
Male	13.2	36.5
Female	21.2	58.5
Unknown	1.8	5.0
Race	36.3	100.0
White	16.5	45.5
Black	9.0	24.7
American Indian/Alaska Native	0.3	0.8
Asian/Pacific Islander	0.8	2.2
Hispanic	6.2	17.2
Unknown	3.5	9.7

NOTE: Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care Information Services.

Table 14
Medicaid recipients/HCFA region

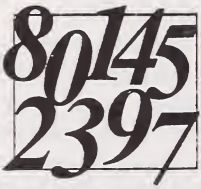
	Resident[1] population	Medicaid[2] recipients	Recipients as percent of population
	In thousands		
All regions	[3]262,755	36,282	13.8
Boston	13,313	1,593	12.0
New York	26,081	4,897	18.8
Philadelphia	26,831	2,931	10.9
Atlanta	48,301	7,628	15.8
Chicago	48,066	5,745	12.0
Dallas	30,513	4,381	14.4
Kansas City	12,368	1,424	11.5
Denver	8,418	740	8.8
San Francisco	38,524	5,667	14.7
Seattle	10,339	1,274	12.3

[1]Estimated July 1, 1995 population.
[2]Medicaid recipient data are as of fiscal year 1995.
[3]Excludes persons in outlying areas, those with unknown State of residence and those living in foreign countries..

NOTE: Numbers may not add to totals because of rounding.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy; Data from the Division of Health Care Information Services. U.S. Department of Commerce, Bureau of the Census.

Providers/Suppliers



Information about institutions, agencies, or professionals who provide health care services and individuals or organizations who furnish health care equipment or supplies

These data are distributed by major provider/supplier categories, by geographic region, and by type of program participation. Utilization data organized by type of provider/supplier may be found in the Utilization section.

Table 15
Inpatient hospitals/trends

	1975	1980	1995	1996
Total hospitals	6,707	6,780	6,414	6,376
Beds in thousands	1,132	1,152	1,074	1,056
Beds per 1,000 enrollees	51.5	46.9	29.4	28.4
Short-stay	6,084	6,111	5,292	5,252
Beds in thousands	884	988	943	926
Beds per 1,000 enrollees	40.2	40.2	25.8	24.9
Psychiatric	358	408	709	682
Beds in thousands	207	136	89	86
Beds per 1,000 enrollees	9.4	5.5	2.4	2.3
Other long-stay	265	261	413	442
Beds in thousands	42	29	43	44
Beds per 1,000 enrollees	1.9	1.2	1.2	1.2

NOTES: Facility data as of January 1, excluding Christian science. Rates based on number of HI enrollees as of July 1, 1995, excluding foreign countries.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care Information Services. Office of Research and Demonstration: Data from the Division of Program Studies.

Table 16
Medicare assigned claims/HCFA region

	Net assignment rates		
	1980	1994	1995
All regions	51.5	92.8	94.7
Boston	67.4	97.2	98.0
New York	51.8	92.2	94.7
Philadelphia	61.6	94.3	95.4
Atlanta	52.3	94.0	95.6
Chicago	47.6	93.0	94.9
Dallas	50.3	91.3	94.2
Kansas City	40.4	88.6	91.8
Denver	39.5	85.8	89.5
San Francisco	53.2	94.2	95.5
Seattle	31.3	84.5	88.1

NOTE: Calendar year data.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Information Management.

Table 17
Hospitals and units/status under the prospective payment system (PPS)[1]

Total hospitals	6,345
Hospitals under PPS	5,233
Hospitals receiving special consideration:	800
Regional referral centers	129
Sole community hospitals	671
Non-PPS hospitals	1,112
Categorically exempt:	1,049
Psychiatric	675
All other non short-stay	374
Short-stay hospitals in waiver States or demonstrations[2]	50
Short-stay hospitals in outlying areas	4
Cancer hospitals	9
Total excluded units	2,257
Psychiatric	1,426
Rehabilitation	831

[1] PPS is a reimbursement system whereby Medicare payment for inpatient operating costs is made at a predetermined specific rate for each discharge rather than on a reasonable-cost basis. All discharges are classified according to a list of diagnosis-related groups.
[2] Short-stay hospitals in demonstration project lost waiver 12/94.

NOTE: Data as of March 1996.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care Information Services; Bureau of Policy Development: Division of Hospital Payment Policy; and the Health Standards and Quality Bureau: Data from the Division of Systems Management and Data Analysis.

Table 18
Long-term facilities/HCFA region

	Title XVIII and XVIII/XIX SNFs[1]	Nursing Facilities	IMRs[2]
All regions	13,444	3,616	7,168
Boston	1,043	146	253
New York	914	75	886
Philadelphia	1,265	186	476
Atlanta	2,371	265	731
Chicago	2,869	896	2,196
Dallas	1,514	983	1,469
Kansas City	923	771	234
Denver	549	105	102
San Francisco	1,506	137	778
Seattle	498	52	82

[1]Skilled nursing facilities.
[2]Institutions for mentally retarded.

NOTE: Data as of January 1996.

SOURCE: Health Care Financing Administration, Health Standards and Quality Bureau, Office of Survey and Certification. Data from the Division of System Management and Data Analysis.

Table 19
Other Medicare providers and suppliers/trends

	1975	1980	1995	1996
Home health agencies	2,254	2,858	7,827	8,437
Medicare laboratories	2,994	3,448	[1]159,803	[1]159,907
End stage renal disease facilities	-	975	2,655	2,876
Outpatient physical therapy	115	386	2,024	2,302
Portable X-ray	131	210	537	555
Rural health clinics	-	359	1,679	2,775
Comprehensive outpatient rehabilitation facilities	-	-	256	307
Ambulatory surgical centers	-	-	1,907	2,112
Hospices	-	-	1,726	1,927

[1]Includes providers newly covered under the Clinical Laboratory Improvement (CLIA) Amendment of 1988, provision effective 1992 .

NOTES: 1996 Data as of January. 1996 Medicare laboratory data as of February.

SOURCE: Health Care Financing Administration, Health Standards and Quality Bureau, Office of Survey and Certification. Data from the Division of System Management and Data Analysis.

Table 20
Selected facilities/type of control

	Short-stay hospitals	Skilled nursing facilities	Home health agencies
Total facilities	5,252	13,444	8,437
		Percent of total	
Nonprofit	57.8	27.4	33.7
Proprietary	13.4	66.8	50.2
Government	28.8	5.8	16.1

NOTES: Data as of January 1996. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCES: Health Care Financing Administration, Office of Research and Demonstrations: Data from the Division of Program Studies. Health Standards Quality Bureau, Office of Survey and Certification: Data from the Division of System Management and Data Analysis.

Table 21
Periodic interim payment (PIP) facilities/trends

	1980	1985	1993	1994	1995
Hospitals					
Number of PIP	2,276	3,242	1,265	1,253	1,221
Percent of total participating	33.8	48.3	19.7	19.6	19.2
Skilled nursing facilities					
Number of PIP	203	224	1,131	1,265	1,403
Percent of total participating	3.9	3.4	9.9	10.2	11.5
Home health agencies					
Number of PIP	481	931	1,334	1,465	1,601
Percent of total participating	16.0	16.0	19.1	18.5	17.4

NOTES: Data from 1985 to date are as of September; 1980 data are as of December. The Omnibus Budget Reconciliation Act of 1986 eliminated PIP for many inpatient hospitals.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Information Management.

Table 22
Physicians active in patient care/trends

	1980		1985		1996	
	Number	Percent	Number	Percent	Number	Percent
Physicians	[1]361,915	100.0	[1]431,527	100.0	[2]787,513	100.0
Specialties						
Medical	105,049	29.0	132,519	30.7	156,960	19.9
Surgical	103,312	28.5	118,955	27.6	[1]157,459	20.0
Other	96,871	26.8	117,109	27.1	369,597	46.9
General Pract.	56,683	15.7	62,944	14.6	[3]103,497	13.1

[1]Non-federal physicians only.
[2]Includes physicians, doctors of osteopathy (DOs), and limited licensed practitioners (LLPs).
[3]Specialties include general practice, family practice and internal medicine.

SOURCES: For 1980 and 1985: American Medical Association: *Physician Characteristics and Distribution in the U.S.* Chicago: 1992. 1996 data are dervived from the HCFA Unique Physician Indentification Number (UPIN) Directory.

Table 23
Physicians/HCFA region

	Physicians active in patient care	Physicians per 100,000 population
All regions	[1]787,513	300
Boston	51,211	385
New York	104,373	400
Philadelphia	88,980	332
Atlanta	129,747	269
Chicago	135,653	282
Dallas	75,459	247
Kansas City	35,289	285
Denver	24,201	287
San Francisco	113,641	295
Seattle	28,959	280

[1]Excludes physicians in foreign countries.

NOTES: Physicians as of January 1996. Civilian population as of July 1, 1995.

SOURCE: HCFA Unique Physician Identification Number (UPIN) Directory.

Table 24
Inpatient hospitals/HCFA region

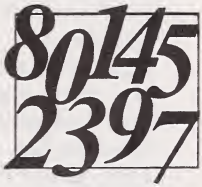
	Short-stay hospitals	Beds per 1,000 enrollees	Long-stay facilities	Beds per 1,000 enrollees
All regions	5,252	24.9	1,124	3.5
Boston	216	20.5	81	6.1
New York	368	26.0	78	5.2
Philadelphia	429	22.5	128	4.5
Atlanta	1,006	25.6	203	2.8
Chicago	937	27.9	155	2.7
Dallas	769	26.6	242	4.6
Kansas City	463	29.0	53	2.6
Denver	291	25.7	41	4.0
San Francisco	556	22.8	120	2.3
Seattle	217	18.6	23	2.2

NOTES: Data as of January 1996. Rates based on number of hospital insurance enrollees as of July 1, 1995.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care Information Services.

Expenditures

Information about spending for health care services by Medicare, Medicaid, and in the Nation as a whole



Health care spending at the aggregate levels is distributed by source of funds, types of service, geographic area, and broad beneficiary or eligibility categories. Direct out-of-pocket, other private, and non-HCFA-related expenditures are also covered in this section. Expenditures on a per-unit-of-service level are covered in the Utilization section.

Table 25
HCFA and total Federal disbursements

	Fiscal year 1995 in billions
Gross domestic product (current dollars)	$7,180.7
Total Federal budget[1]	1,519.1
Percent of gross domestic product	21.0
Department of Health and Human Services[1/2/]	665.2
Percent of Federal budget	44.0
HCFA budget	
Medicare benefit payments	176.9
Medicaid medical assistance payments	85.4
HCFA program management	2.1
State and local administration/training	3.7
Other administrative expenses	0.9
Peer review organizations	0.2
Total (unadjusted)	269.2
Offsetting and proprietary receipts	-20.2
Total net of offsetting and proprietary receipts[1]	248.9
Percent of Federal budget	16.4

[1]Includes off-budget entities, net of offsetting receipts.
[2]Includes the Social Security Administration.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Office of Financial and Human Resources: Data from the Division of Budget.

Table 26
Program outlays/trends

	Total	Medicare[1]	Medicaid[2]
		In billions	
Fiscal year			
1980	$57.9	$33.9	$24.0
1990	175.9	107.2	68.7
1995	326.7	176.9	149.8
1996[3]	354.0	193.9	160.1

[1]Medicare amounts are gross outlays for benefits and administration.
[2]Medicaid amounts include both the Federal and State share of benefit payments and administrative costs.
[3]Estimated.

SOURCE: Health Care Financing Administration, Office of Financial and Human Resources: Data from the Division of Budget.

Table 27
Benefit outlays by program

	1967	1968	1995	1996[1]
Annually		Amounts in billions		
HCFA program outlays	$5.1	$8.4	$327	$354
Federal Outlays	NA	6.7	262	285
Medicare	3.2	5.1	177	194
HI	2.5	3.7	113	125
SMI	0.7	1.4	63	69
Medicaid[2]	1.9	3.3	150	160
Federal share	NA	1.6	85	91
Monthly	In millions		In billions	
HCFA program outlays	$423	$702	$27	$29
Federal Outlays	NA	561	22	24
Medicare	264	427	15	16
HI	209	311	9	10
SMI	055	116	5	6
Medicaid	158	275	12	13
Federal share	NA	133	7	8
Hourly	In thousands		In millions	
HCFA program outlays	$579	$962	$37	$40
Federal Outlays	NA	768	30	32
Medicare	362	585	20	22
HI	286	426	13	14
SMI	76	159	7	8
Medicaid	217	377	17	18
Federal share	NA	183	10	10
Minutely		In thousands		
HCFA program outlays	$10	$16	$622	$673
Federal Outlays	NA	13	499	541
Medicare	6	10	337	369
HI	5	7	216	237
SMI	1	3	121	131
Medicaid	4	6	285	304
Federal share	NA	3	162	173

[1]Estimated.

[2]Does not include administrative costs incurred by the States.

NOTES: Fiscal year data. Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Office of Financial and Human Resources: Data from the Division of Budget.

Table 28
Program benefit payments/HCFA region

	Medicare[1]	Medicaid	
		Computable[2]	Net adjusted[3]
		In millions	
All regions	$176,884	$151,812	$86,468
Boston	10,440	10,683	5,566
New York	20,382	29,756	14,920
Philadelphia	19,460	14,232	7,760
Atlanta	36,370	24,300	15,754
Chicago	29,318	24,614	13,978
Dallas	19,479	15,863	10,731
Kansas City	7,733	5,454	3,297
Denver	4,187	3,197	1,993
San Francisco	24,631	18,805	9,698
Seattle	4,884	4,908	2,771

[1]Distribution by region is estimated.
[2]Total medical assistance payments computable for Federal funding.
[3]Net adjusted Federal share. Does not include administrative expenditures.

NOTES: Data as of fiscal year 1995. Numbers may not add to totals because of rounding.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care Information Services; Office of Financial and Human Resources: Data from the Division of Budget; and the Medicaid Bureau: Data from the Division of Financial Management.

Table 29
Medicare/trust fund projections

	Fiscal year		
	1995	1996	1997
		In billions	
HI benefit payments[1]	$113.4	$124.8	$136.8
Aged	100.0	109.7	119.8
Disabled	13.4	15.1	17.0
SMI benefit payments	63.5	69.1	76.3
Aged	54.6	59.5	65.5
Disabled	8.8	9.5	10.8

[1]Current law data.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Office of Financial and Human Resources: Data from the Division of Budget.

Table 30
Medicare/type of benefit

	Fiscal year 1995 benefit payments in millions[1]	Percent distribution
Total HI[2]	$113,403	100.0
Inpatient hospital	87,512	77.2
Skilled nursing facility	9,142	8.1
Home health agency	14,895	13.1
Hospice	1,854	1.6
Total SMI	63,482	100.0
Physician/other suppliers	40,376	63.6
Outpatient hospital	14,576	23.0
Home health agency	166	0.3
Group practice prepayment	6,297	9.9
Independent laboratory	2,067	3.3

[1]Includes the effect of regulatory items and recent legislation but not proposed law.
[2]Excludes peer review organization (PRO) expenditures.

NOTES: Numbers may not add to totals because of rounding. Benefits by type of service are estimated and subject to change.

SOURCE: Health Care Financing Administration, Office of Financial and Human Resources: Data from the Division of Budget.

Table 31
National health care/trends

	Calendar year			
	1965	1980	1993	1994
National total in billions	$41.1	$247.2	$892.3	$949.4
Percent of GDP	5.7	8.9	13.6	13.7
Per capita amount	$202	$1,052	$3,331	$3,510
Source of funds	Percent of total			
Private	75.0	57.6	56.6	55.7
Public	25.0	42.4	43.4	44.3
Federal	11.7	29.1	31.2	32.0
State/Local	13.3	13.3	12.2	12.3

NOTES: These data reflect Bureau of Economic Analysis Gross Domestic Product as of January 1996, and the Social Security Administration's revisions to the population as of July 1995. Totals do not necessarily equal the sum of rounded components.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of National Health Statistics.

Table 32
Medicaid/type of service

	Fiscal year		
	1993	1994	1995
	In billions		
Total vendor payments	$101.7	$108.3	$120.1
	Percent of total		
Inpatient services	27.4	26.1	24.0
General hospitals	25.3	24.2	21.9
Mental hospitals	2.1	1.9	2.1
Nursing facility services[1]	25.0	25.0	24.2
Intermediate care facility (MR) services[2]	8.7	7.7	8.6
Physician services	6.8	6.6	6.1
Dental services	0.9	0.9	0.8
Other practitioner services	0.9	1.0	0.8
Outpatient hospital services	6.1	5.9	5.5
Clinic services	3.4	3.5	3.6
Laboratory and radiological services	1.1	1.1	1.0
Home health services	5.5	6.5	7.8
Prescribed drugs	7.8	8.2	8.1
Family planning services	0.5	0.5	0.4
Early and periodic screening	0.8	0.9	1.0
Rural health clinic services	0.2	0.2	0.2
Other care	4.7	6.0	7.8

[1]Nursing facilities include: SNFs and all other categories for Intermediate Care Facilities (ICF), other than "MR".
[2]"MR" indicates mentally retarded.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Office of Health Care Information Systems.

Table 33
Medicare savings attributable to secondary payor provisions/type of provision

	Workers Comp.	Working Aged	ESRD	Auto	Disability	Total
1993	111.7	1,465.3	166.4	268.5	850.1	2,862.0
1994	109.5	1,499.2	162.0	298.6	894.1	2,963.4
1995	117.5	1,428.3	181.0	335.7	944.4	3,006.9

NOTES: Fiscal year data. In millions of dollars.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Office of Benefits Integrity.

Table 34
Medicaid/payments by eligibility status

	Fiscal year 1995 vendor payments[1]	Percent distribution
	In millions	
Total	$120,141	100.0
Age 65 years and over	36,527	30.4
Blind/disabled	49,418	41.1
Dependent children under 21 years of age	17,976	15.0
Adults in families with dependent children	13,511	11.1
Other Title XIX	1,499	1.2

[1]Preliminary.
NOTE: Numbers may not add to totals due to the exclusion of unknowns and because of rounding.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Office of Health Care Information Systems.

Table 35
Medicare/durable medical equipment[1]

Category	Allowed Charges[2]	
	1994	1995
	In thousands	
Surgical dressings	$63,987	$132 ,098
Supplies/accessories	139,299	200,668
Capped rental	671,979	886,090
Customized items	1,756	232
Oxygen	1,473,251	1,654,858
Prosthetics/orthotics	887,719	802,603
Inexpensive/routine	290,504	367,013
Items with frequent maintenance	$59,815	71,392
Other	472,022	589,205
Total	$4,060,332	$4,704,159

[1]Data are for calendar year.
[2]The allowed charge is the Medicare approved payment reported on a line item on the physician/supplier claim.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Office of Health Care Information Systems.

Table 36
National health care/type of expenditure

	National total in billions	Per capita amount	Private as a percent of total	Public as a percent of total
Total	$949.4	$3,510	55.7	44.3
Health services and supplies	919.2	3,398	56.2	43.8
Personal health care	831.7	3,074	56.5	43.5
Hospital care	338.5	1,251	41.0	59.0
Physician services	189.4	700	67.9	32.1
Nursing home care	72.3	267	42.1	57.9
Other personal care	231.5	856	74.3	25.7
Other services and supplies	87.5	324	53.9	46.1
Research and construction	30.2	112	38.2	61.8

NOTE: Data are as of calendar year 1994.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of National Health Statistics.

Table 37
Personal health care/payment source

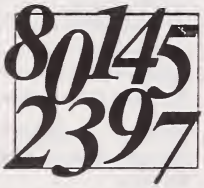
	Calendar year			
	1970	1980	1993	1994
	In billions			
Total	$63.8	$217.0	$786.5	$831.7
	Percent			
Total	100.0	100.0	100.0	100.0
Private Funds	64.7	59.9	57.5	56.5
Private Health Insurance	23.2	28.6	32.6	32.1
Out-of-pocket	39.0	27.8	21.5	21.0
Other private	2.6	3.6	3.4	3.4
Public Funds	35.3	40.1	42.5	43.5
Federal	23.0	29.2	32.7	33.7
State and Local	12.2	10.9	9.8	9.8

NOTES: Excludes administrative expenses, research, construction, and other types of spending that are not directed at patient care.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of National Health Statistics.

Utilization

Information about the use of health care services



Utilization information is organized by persons receiving services and alternately by services rendered. Measures of health care usage include: persons served, units of service (e.g., discharges, days of care, etc.), and dimensions of the services rendered (e.g., average length of stay, charge per person or per unit of service). These utilization measures are aggregated by program coverage categories, provider characteristics, type of service, and demographic and geographic variables.

Table 38
Medicare/short-stay hospital utilization

	1990	1994	1995
Discharges			
Total in millions[2]	10.5	11.5	11.7
Rate per 1,000 enrollees	313	317	317
Days of care			
Total in millions	94	88	83
Rate per 1,000 enrollees[1]	2,805	2,422	2,253
Average length of stay			
All short-stay	9.0	7.6	7.1
Excluded Units[2]	19.5	15.9	14.8
Total charges per day	$1,060	$1,689	$1,844

[1]The population base is HI enrollment excluding HI enrollees residing in foreign countries.
[2]Includes alcohol/drug, psychiatric and rehabilitation units.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care Information Services.

Table 39
Medicare long-term care/trends

	Skilled nursing facilities		Home health agencies	
	Persons served in thousands	Served per 1,000 enrollees	Persons served in thousands	Served per 1,000 enrollees
Calendar year				
1982	252	9	1,172	40
1985	315	10	1,576	51
1990[1]	638	19	1,978	58
1992	779	22	2,504	71
1993	908	25	2,867	80
1994	1,068	29	3,176	86

[1]Increased utilization coincident with changes enacted under the Medicare Catastrophic Coverage Act of 1988.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care Information Services.

Table 40
Medicare average length of stay/trends

	Fiscal year					
	1984	1990	1992	1993	1994	1995
All short-stay hospitals	9.1	9.0	8.5	8.1	7.6	7.1
PPS hospitals[1]	8.0	[2]8.9	8.5	8.1	7.3	7.1
Excluded units	18.0	19.5	18.0	17.2	15.9	14.8

[1]Bills for stays that overlap a hospital's transition into the Prospective Payment System (PPS) are aggregated and included in PPS. Average length of stay may differ from that based on that portion of stays actually covered by PPS.

[2]Includes pre-PPS experience, hospitals in waiver States, cancer hospitals, PPS excluded units, demonstration hospitals, and hospitals in outlying areas.

NOTES: Fiscal year data. Average length of stay is shown in days. For all Short-stay and PPS hospitals, 1984 data are based on a 20-percent sample of Medicare HI enrollees. Data for 1990 through 1995 are based on 100-percent MEDPAR. Data may differ from other sources or from the same source with a different update cycle.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care Information Services.

Table 41
Medicare persons served/trends

	Calendar year				
	1967	1980	1985	1990	1994
Aged persons served per 1,000 enrollees					
HI and/or SMI	367	638	722	802	830
HI	203	240	219	209	217
SMI	365	652	739	832	861
Disabled persons served per 1,000 enrollees					
HI and/or SMI	--	594	669	734	756
HI	--	246	228	209	213
SMI	--	634	715	804	832

NOTES: Data for 1994 exclude beneficiaries in foreign countries. Persons served are those for whom Medicare Trust Fund payments were made. Based on July 1, enrollment. Rates may differ from estimates using risk-based enrollment.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care

Table 42
Medicare persons served/projections

	Fiscal year				
	1996	1997	1998	1999	2000
	In millions				
HI					
Aged					
Enrollees	32.8	33.1	33.3	33.5	33.7
Persons served	7.3	7.4	7.5	7.6	7.7
Disabled					
Enrollees	4.7	5.0	5.3	5.6	5.8
Persons served	1.0	1.1	1.1	1.2	1.3
SMI					
Aged					
Enrollees	31.9	32.2	32.4	32.5	32.7
Persons served	27.3	27.7	28.1	28.5	28.9
Disabled					
Enrollees	4.1	4.3	4.5	4.8	5.0
Persons served	3.3	3.5	3.7	4.0	4.2

NOTES: Enrollment represents actuarial estimates of average monthly enrollment during the fiscal year. Persons served represents actuarial estimates of beneficiaries projected to meet the Part A or Part B deductible amount during the fiscal year.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of Medicare and Medicaid Cost Estimates.

Table 43
Medicare persons served/HCFA region

	Aged persons served in thousands	Served per 1,000 enrollees	Disabled persons served in thousands	Served per 1,000 enrollees
All regions[1]	27,223	821	3,126	712
Boston	1,575	867	164	719
New York	3,120	831	353	676
Philadelphia	3,132	877	320	746
Atlanta	5,492	858	734	739
Chicago	5,306	874	565	729
Dallas	2,787	844	344	717
Kansas City	1,550	890	149	745
Denver	747	827	78	667
San Francisco	2,592	630	319	644
Seattle	909	759	97	683

[1]Excludes residents of foreign countries.

NOTES: Data as of calendar year 1994 for persons served under HI and/or SMI. Based on utilization for fee-for-service and excludes utilization under alternative payment systems such as health maintenance organizations. Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care Information Services.

Table 44
Medicare/end stage renal disease (ESRD)

	Calendar year		
	1993	1994	1995
Total enrollees[1]	225,859	234,771	256,961
Dialysis patients[2]	171,479	186,822	200,162
Outpatient	140,680	153,674	166,571
Home	30,799	33,148	33,591
Transplants performed[3]	10,934	11,312	11,902
Living donor	2,631	2,738	2,992
Cadaveric donor	8,106	8,312	8,486
Living Unrelated	197	262	424
Average dialysis payment rate			
Hospital-based facilities	$130	$130	$130
Freestanding facilities	$126	$126	$126

[1]Medicare ESRD enrollees as of July 1.
[2]Includes Medicare and non-Medicare patients receiving dialysis as of December 31.
[3]Includes kidney transplants for Medicare and non-Medicare patients.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Program Systems and the Bureau of Policy Development: Data from the Division of Special Payment Programs.

Table 45
Medicaid/type of service

	Fiscal year 1995 Medicaid recipients[1]
	In thousands
Total	36,282
Inpatient services	
General hospitals	5,561
Mental hospitals	84
Nursing facility services[2]	1,667
Intermediate care facility (MR) services[3]	151
Physician services	23,789
Dental services	6,383
Other practitioner services	5,528
Outpatient hospital services	16,712
Clinic services	5,322
Laboratory and radiological services	13,064
Home health services	1,639
Prescribed drugs	23,723
Family planning services	2,501
Early and periodic screening	6,612
Rural health clinic services	1,242
Other care	11,416

[1]Preliminary.
[2]Nursing facilities include: SNFs and all categories of ICF, other than "MR".
[3]"MR"indicates mentally retarded.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care Information Services.

Table 46
Medicaid/units of service

	Fiscal year 1995 units of service[1]
	In thousands
General hospital	
Total discharges	5,166
Recipients discharged	3,743
Total days of care	25,711
Nursing facility	
Total days of care	400,123
Intermediate care facility/mentally retarded	
Total days of care	56,878

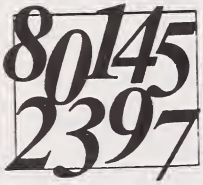
[1]Preliminary.

NOTES: Based on reporting States and the District of Columbia (Data are not reported for Arizona and Puerto Rico). Nursing facilities include: SNFs and all categories of ICF, other than MR.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Health Care Information Services.

Administrative/Operating

Information on activities and services related to oversight of the day-to-day operations of HCFA programs



Included are data on Medicare contractors, contractor activities and performance, HCFA and State agency administrative costs, quality control, and summaries of the operation of the Medicare trust funds.

Table 47
Medicare administrative expenses/trends

	Administrative expenses	
	Amount in millions	As a percent of benefit payments
HI Trust Fund		
1970	$149	3.1
1975	259	2.5
1980	497	2.1
1985	813	1.7
1990	774	1.2
1992	1,191	1.5
1993	866	1.0
1994	1,235	1.2
1995	1,300	1.1
SMI Trust Fund		
1970	217	11.0
1975	405	10.8
1980	593	5.8
1985	922	4.2
1990	1,524	3.7
1992	1,661	3.4
1993	1,845	3.5
1994	1,718	3.0
1995	1,722	2.8

NOTE: Fiscal year data.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of Medicare and Medicaid Cost Estimates.

Table 48
Medicare/contractors

	Intermediaries	Carriers
Blue Cross/Blue Shield	38	20
Other	5	8

NOTES: Data as of January 1996.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Acquisitions and Contracts.

Table 49
Medicare/appeals

	Intermediary reconsiderations	Carrier reviews
Number processed	49,937	3,993,334
Percent reversal rate[1]	42.9	76.9

[1]Excludes withdrawals and dismissals.

NOTE: Data for fiscal year 1995.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Analysis.

Table 50
Medicare/claims processing bottom line unit costs

	Unit cost per claim			
	1975	1980	1994	1995
Intermediaries[1]	$3.84	$2.96	$1.51	$1.35
Carriers[2]	2.90	2.33	$1.21	$1.11

[1]Includes direct costs and overhead costs for bill payment, reconsiderations and hearings lines.
[2]Includes direct costs and overhead costs for the claims payment, reviews and hearings, and beneficiary/physician inquiries lines.

NOTE: Fiscal year data.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Financial Management.

Table 51
Medicare/claims processing

	Intermediaries	Carriers
Claims processed in millions	133.1	646.5
Total costs in millions	$510.1	$1,072.0
Claims processing costs in millions	$195.1	$602.4
Claims processing unit costs	$1.29	$ 0.82
Range		
High	$1.63	[1]$1.18
Low	$0.78	$0.57

[1]Excludes DMERCs

NOTE: Data for fiscal year 1995.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Financial Management.

Table 52
Medicare/claims received

	Claims received
Intermediary claims received in thousands	135,630
	Percent of total
Inpatient hospital	9.7
Outpatient hospital	43.3
Home health agency	14.1
Skilled nursing facility	2.3
Other	30.6
Carrier claims received in thousands	647,855
	Percent of total
Assigned	94.7
Unassigned	5.3

NOTE: Data for calendar year 1995.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Office of Analysis and Systems.

Table 53
Medicare/charge reductions

	Assigned	Unassigned
Claims approved		
Number in millions	539.6	30.0
Percent reduced	[1]85.5	[1]82.8
Total covered charges		
Amount in millions	$85,170	$2,543
Percent reduced	42.5	15.4
Amount reduced per claim	$67.08	$13.24

NOTES: Data for calendar year 1995. As a result of report changes effective April 1, 1992, charge reductions include: reasonable charge, medical necessity and global fee/rebundling reductions.

[1]Figure may be slightly overstated due to the possibility of a claim being counted more than once because more than one type of reduction is applied.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Office of Analysis and Systems.

Table 54
Medicaid/administration

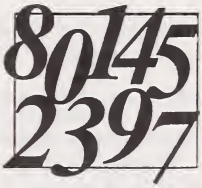
	Fiscal year	
	1994	1995
	In thousands	
Total payments computable for Federal funding	[1]$6,198,317	[1]$7,662,561
Federal share of current expenditures:		
Family planning	13,381	20,576
Design, development or installation of MMIS[2]	44,247	52,025
Skilled professional medical personnel	142,477	179,450
Operation of an approved MMIS[2]	528,395	588,198
Other financial participation	2,630,255	3,323,562
Mechanized systems not approved under MMIS[2]	51,470	56,422
Total administration	3,410,225	4,220,233
Net adjusted Federal share[3]	3,064,493	3,544,174

[1]Source: Form HCFA-64.10, Expenditures for State and Local Administration for the Medical Assistance Program (net expenditure reported). FY 1995 data are preliminary.
[2]Medicaid Management Information System.
[3]Includes Federal share of net expenditures reported on the HCFA-64 plus HCFA adjustments.

SOURCE: Health Care Financing Administration, Medicaid Bureau: Data from the Division of Financial Management.

Reference

Selected reference material including cost-sharing features of the Medicare program, program financing, and Medicaid Federal medical assistance percentages



Program financing

Medicare/source of income

Hospital Insurance trust fund:
1. Payroll taxes*
2. Transfers from railroad retirement account
3. General revenue for
   a. uninsured persons
   b. military wage credits
4. Premiums from voluntary enrollees
5. Interest on investments

*Contribution rate	1995	1996	1997
		Percent	
Employees and employers, each	1.45	1.45	1.45
Self-employed	2.90	2.90	2.90
Maximum taxable amount			None[1]

Supplementary Medical Insurance trust fund:
1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

Medicaid/financing

1. Federal contributions (ranging from 50 to 79 percent for fiscal year 1996)
2. State contributions (ranging from 21 to 50 percent for fiscal year 1996)

[1]The Omnibus Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amounts for 1994 and later. For these years, the contribution rate is applied to all earnings in covered employment.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of Medicare and Medicaid Cost Estimates.

Medicare deductible and coinsurance amounts

Part A (effective date)	Amount
Inpatient hospital deductible (1/1/96)	$736/benefit period
Regular coinsurance days (1/1/96)	$184/day for 61st thru 90th day
Lifetime reserve days (1/1/96)	$368/day (60 nonrenewable days)
SNF coinsurance days (1/1/96)	$92/day for 21st thru 100th day
Blood deductible	first 3 pints/benefit period
Voluntary hospital insurance premium (1/1/96)	$289/month $188/month if have at least 30 quarters of coverage.
Limitations:	
Inpatient psychiatric hospital days	190 nonrenewable days
Part B (effective date)	**Amount**
Deductible (1/1/91)[1]	$100 in reasonable charges/year
Blood deductible	first 3 pints/calendar year
Coinsurance[1]	20 percent of allowed charges
Premium (1/1/96)	$42.50/month
Limitations:	
Outpatient treatment for mental illness	No limitations
Licensed physical therapist's services in home or office (1/1/91)	$600 (80% of maximum annual program payment of $750)

[1]The Part B deductible and coinsurance applies to most services. Items and/or services not subject to either the deductible or coinsurance are clinical diagnostic lab tests subject to a fee schedule, home health services, items and services furnished in connection to obtaining a second or third opinion, influenza vaccine and its administration, and pneumococcal vaccine and its administration. In addition, Federally qualified health center services are not subject to the deductible but are subject to the coinsurance.

SOURCE: Health Care Financing Administration, Office of Legislation and Policy: Data from the Divisions of Medicare Part A and Medicare Part B Analysis.

Geographical jurisdictions of HCFA regional offices and Federal medical assistance percentages (FMAP) fiscal year 1997

		FMAP
I.	**Boston**	
	Connecticut	50
	Maine	64
	Massachusetts	50
	New Hampshire	50
	Rhode Island	54
	Vermont	61
III.	**Philadelphia**	
	Delaware	50
	Dist. of Columbia	50
	Maryland	50
	Pennsylvania	53
	Virginia	51
	West Virginia	73
V.	**Chicago**	
	Illinois	50
	Indiana	62
	Michigan	55
	Minnesota	54
	Ohio	59
	Wisconsin	59
VII.	**Kansas City**	
	Iowa	63
	Kansas	59
	Missouri	60
	Nebraska	59
IX.	**San Francisco**	
	Arizona	66
	California	50
	Hawaii	50
	Nevada	50
	American Samoa	50
	Guam	50
	N. Mariana Islands	50
	Mexico	--

		FMAP
II.	**New York**	
	New Jersey	50
	New York	50
	Puerto Rico	50
	Virgin Islands	50
	Canada	--
IV.	**Atlanta**	
	Alabama	70
	Florida	56
	Georgia	62
	Kentucky	70
	Mississippi	77
	North Carolina	64
	South Carolina	70
	Tennessee	65
VI.	**Dallas**	
	Arkansas	73
	Louisiana	71
	New Mexico	73
	Oklahoma	70
	Texas	63
VIII.	**Denver**	
	Colorado	52
	Montana	69
	North Dakota	68
	South Dakota	65
	Utah	72
	Wyoming	60
X.	**Seattle**	
	Alaska	50
	Idaho	68
	Oregon	61
	Washington	51

SOURCE: Health Care Financing Administration, Medicaid Bureau: Data from the Division of Financial Management.

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Health Care Financing Administration
Bureau of Data Management and Strategy
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